

<i>SERFF Tracking Number:</i>	<i>SAAI-126955429</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Polish Roman Catholic Union of America</i>	<i>State Tracking Number:</i>	<i>47629</i>
<i>Company Tracking Number:</i>	<i>PRCU2010-AR</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Flexible Premium Deferred Annuity</i>		
<i>Project Name/Number:</i>	<i>PRCU2010-AR/PRCU2010-AR</i>		

Filing at a Glance

Company: Polish Roman Catholic Union of America

Product Name: Flexible Premium Deferred Annuity SERFF Tr Num: SAAI-126955429 State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable SERFF Status: Closed-Approved-Closed State Tr Num: 47629

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: PRCU2010-AR State Status: Approved-Closed

Filing Type: Form Author: Joseph Steimla Reviewer(s): Linda Bird
 Date Submitted: 01/03/2011 Disposition Date: 01/13/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: PRCU2010-AR
 Project Number: PRCU2010-AR
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: We are awaiting approval from the state of Illinois, the state of domicile.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 01/13/2011
 State Status Changed: 01/13/2011
 Created By: Joseph Steimla
 Corresponding Filing Tracking Number:
 PRCU2010-AR

Deemer Date:
 Submitted By: Joseph Steimla

Filing Description:
 Polish Roman Catholic Union of America
 NAIC Society No.: 57630
 Federal Tax ID No.: 36-1635425
 Company Tracking No.: PRCU2010-AR

SERFF Tracking Number: SAAI-126955429 State: Arkansas
 Filing Company: Polish Roman Catholic Union of America State Tracking Number: 47629
 Company Tracking Number: PRCU2010-AR
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
 Variable
 Product Name: Flexible Premium Deferred Annuity
 Project Name/Number: PRCU2010-AR/PRCU2010-AR

We are submitting approval for the following form:
 Form Number ANN-1-2010 which is an Individual Flexible Premium Deferred Annuity

This form replaces ANN-1-2000. The reason for the new form is the guaranteed minimum has been changed from 3.0% to 2.0%. Essentially everything else is similar to the old form except we increased the free look to a 30 day free look from a 10 day free look.

This product will be marketed thru the Companies Agents to its members and will use Application Forms previously approved.

Company and Contact

Filing Contact Information

Joseph Steimla, Consulting Actuary steimla@comcast.net
 2867 Gypsum Circle 630-904-8480 [Phone]
 Naperville, IL 60564 630-904-8485 [FAX]

Filing Company Information

(This filing was made by a third party - steimlaandassocinc)

Polish Roman Catholic Union of America	CoCode: 57630	State of Domicile: Illinois
984 Milwaukee Ave.	Group Code:	Company Type: Fraternal
Chicago, IL 60622	Group Name:	State ID Number:
(773) 782-2600 ext. [Phone]	FEIN Number: 36-1635425	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	1 Policy Form = \$50.00 (Illinois Fee- State of Domicile)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Polish Roman Catholic Union of America	\$50.00	01/03/2011	43390037

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<i>Product Name:</i>	<i>Flexible Premium Deferred Annuity</i>		
<i>Project Name/Number:</i>	<i>PRCU2010-AR/PRCU2010-AR</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/13/2011	01/13/2011

<i>SERFF Tracking Number:</i>	<i>SAAI-126955429</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>PRCU2010-AR/PRCU2010-AR</i>		

Disposition

Disposition Date: 01/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SAAI-126955429 State: Arkansas

Filing Company: Polish Roman Catholic Union of America State Tracking Number: 47629

Company Tracking Number: PRCU2010-AR

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable

Product Name: Flexible Premium Deferred Annuity

Project Name/Number: PRCU2010-AR/PRCU2010-AR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization to File		Yes
Supporting Document	NAIC Uniform Transmittal Document		Yes
Supporting Document	Memorandum of Variable Material		Yes
Form	Individual Flexible Premium Deferred Annuity		Yes

SERFF Tracking Number: SAAI-126955429 State: Arkansas

Filing Company: Polish Roman Catholic Union of America State Tracking Number: 47629

Company Tracking Number: PRCU2010-AR

TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
Variable

Product Name: Flexible Premium Deferred Annuity

Project Name/Number: PRCU2010-AR/PRCU2010-AR

Form Schedule

Lead Form Number: ANN-1-2010

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ANN-1-2010	Policy/Cont Individual Flexible ract/Fratern Premium Deferred al Annuity Certificate	Initial		56.600	Prcu Annuity Form ANN-1-2010 John Doe.pdf



A Legal Reserve Fraternal Benefit Society

Polish Roman Catholic Union of America

984 N Milwaukee Avenue, Chicago, Illinois 60642-4101 ♦ www.PRCUA.org
(773) 782-2600 ♦ Fax (773) 278-4595 ♦ 1-800-772-8632

Annuitant [John Doe] Society Number [1]
Policy Number [1] Roster Number [1]
Issue Date [7 - 1 - 2010] Maturity Date [7 - 1 - 2045]
Initial Premium [\$1,000] How Paid [Annual] Age & Sex [35 Male]
Guaranteed Interest Rate [2.0%]

WITHDRAWAL CHARGE SCHEDULE:

<u>Year</u>	<u>Percent</u>	<u>Year</u>	<u>Percent</u>
1	8%	5	4%
2	7%	6	3%
3	6%	7	1%
4	5%	8+	0%

This Policy is issued based on the application and the payment of premium. To be a member you must also pay membership dues. The date of issue will be used to determine policy years and anniversaries.

In this Policy the words "you" and "yours" refer to you the annuitant named above. The words "we", "us", "our" and "Union" refer to the POLISH ROMAN CATHOLIC UNION OF AMERICA.

We promise to pay the benefits described in the pages of this Policy.

THIRTY DAY RIGHT TO CANCEL - Up to 30 days after you first receive this policy, you may cancel it for any reason. You may do this by returning it to the agent through whom it was bought or to our Home Office. We will return any premium you paid within 10 days after we get the policy back.

Guaranteed Monthly Income will be based upon the a2000 Mortality Table and the guaranteed interest rate shown above. The automatic settlement option will be based on the 10 Year Certain and Life Settlement Option at your age and sex at the maturity date. You may elect a different option.

Signed for the POLISH ROMAN CATHOLIC UNION OF AMERICA as of the issued date at Chicago, Illinois.



[*Joseph A. Solecki, Jr.*]
President

[*James J. Kobayewski*]
Secretary-Treasurer

FLEXIBLE PREMIUM ANNUITY POLICY

Monthly Life Income at Maturity Date

Death Benefit Prior to Maturity Date

PARTICIPATING

GUIDE TO POLICY PROVISIONS

Annual Report.....	5A	Maturity Date.....	1 & 5A
Annuity Benefit.....	4	Membership & Ownership	2
Beneficiary.....	2	Misstatement of Age or Sex.....	3
Cash Value	5A	Purchase Payments	3
Death Benefit.....	4	Settlement Options	4 & 5
Dividends.....	3	Withdrawal Charge.....	1 & 3
Guaranteed Values	5A	Withdrawals	3
Incontestability	3		

GENERAL PROVISIONS

CONTRACT - Upon issuance of this Policy a contract exists. It is between you and us. The contract is made up of this Policy, any riders or endorsements attached to this Policy, the application for membership and insurance, any amendments, the Declaration of Insurability and the Constitution and By-Laws of the Union. This constitutes the entire contract.

The Constitution and By-Laws may change in the future and all such changes are a part of this contract. No change in the Constitution and By-Laws will reduce your benefits under this policy except as stated in the Maintenance of Reserve.

Change or waiver of the terms of this Policy will be legal only if endorsed on the Policy by the Secretary-Treasurer or President.

MEMBERSHIP AND OWNERSHIP - The rights and privileges of the members of the Union are set forth in its Articles of Incorporation, Constitution and Bylaws. Privileges of membership are: (1) personal to the Annuitant; (2) not subject to transfer or assignment; and (3) separate from the ownership of this policy.

Unless otherwise provided by Notice, the Owner is as stated in the application. The Owner has these rights, while there is a living Annuitant:

- (1) Right to make Withdrawals prior to Maturity Date;
- (2) Right to surrender (or cancel) prior to Maturity Date;
- (3) Right to change the Beneficiary;
- (4) Right to choose a Payment Option;
- (5) Right to make irrevocable elections regarding Payment Options for the Beneficiary.

The Owner may name a new Owner subject to the Union's approval of any such change.

BENEFICIARY - When you die we will pay the proceeds of this policy to your beneficiary. The beneficiary you named at the time you applied for this policy will be paid unless you have asked us in writing to change it. You may change your beneficiary at any time as long as you live. To change your beneficiary you must make a written request to the Union. The change will not be effective until endorsed by the Secretary-Treasurer.

Once your change has been endorsed it will take effect as of the date you requested it whether you are living or not. Former beneficiaries will have no rights.

You may have more than one beneficiary. If all are not living at the time you die, we will pro-rate the share of any not living among those living designated beneficiaries unless you have given us other instructions in writing.

If there is no beneficiary living at the time you die we pay the proceeds to your estate. If you do not wish us to pay your estate, you must provide other instructions as part of this policy. No revocable beneficiary shall have or obtain any vested interest in the proceeds of any policy until the policy has become payable in conformity with the provisions of the benefit contract.

STATEMENTS IN APPLICATION - All statements made in the application by you or on your behalf are representations and not warranties. We cannot use any statements to defend a claim unless they are contained in the application and a copy of the application is attached to the policy when issued.

MISSTATEMENT OF AGE OR SEX - If your age or sex are not correct in this policy, we will adjust any amounts which become due. Any amount paid by us will be the amount your premiums purchased at your correct age or sex.

If we have made payments which were wrong because age or sex were wrong: 1. If we owe you, we will pay you promptly or credit the amount plus interest at 6% per year; 2. If you owe us, we will deduct the amount, plus interest at 6% per year from future payments made by us under this policy.

INCONTESTABILITY - We will not contest this policy.

ASSIGNMENT - We will not be responsible for the validity of any assignment of this policy. We assume no knowledge of it unless it is filed at our Home Office. When it is filed, your rights and those of any beneficiary will be subject to it.

MAINTENANCE OF RESERVE - If the payments received from all policyholders should be less than the amount required to pay claims and other benefits and maintain the reserves required by law, you may be assessed. The Union will determine your fair share of the total and bill you for it. If you do not pay us this amount it shall be charged as a withdrawal against this policy on the same conditions as other withdrawals.

DIVIDENDS - The divisible surplus shall be apportioned annually, and dividends shall be payable in cash or shall be applicable to any stipulated payment or payments to the company under the contract. Each year we will determine the amount of any dividends on this policy. Before the maturity date dividends shall be paid as additional interest. After the maturity date dividends shall be paid in cash.

PURCHASE PAYMENTS - The initial annual premium is shown on page 1 of this policy. This amount is the initial purchase payment.

You may make more payments at any time while this policy is in force before the maturity date. Payments must be at least \$25.00. In any one policy year we will not accept more than \$15,000.00 unless authorized by the Union. This limitation does not apply to payments for added benefits or membership dues.

After the initial purchase payment you do not need to make any more payments to keep this policy in force. If you stop payments, you are eligible for a Paid-Up Annuity. In lieu of a Paid-Up Annuity, you may elect to receive the cash surrender value.

You will earn interest from the date of issue or the policy anniversary date on payments received by us. Any additional payments will also earn interest when received. The rate of interest is at least equal to the guaranteed rate. We may add additional interest.

WITHDRAWALS - Before the maturity date, you may withdraw part or all of the cash value of this policy. You must send your request in writing and this policy to our Home Office. We may defer payment of any withdrawal up to 6 months based upon a written request by us and approval by the Insurance Commissioner in which this policy is issued. If you withdraw all the cash value, this policy terminates. If, after the first policy year, the cash value is less than \$100.00 we may pay you the amount and terminate this policy.

WITHDRAWAL CHARGE - The withdrawal charge is shown on the policy data page. In the event the withdrawal is less than 10% of the cash value, in any year, no withdrawal charge will be made.

REINSTATEMENT - Any time within one year from the date of default, this policy may be reinstated upon payment of overdue payments and any indebtedness plus interest. Evidence of insurability is not required.

BENEFITS

DEATH BENEFIT - If you die before the maturity date of this policy we will pay the cash value to your beneficiary. We must have due proof of your death received by the Secretary-Treasurer, and we may require return of this policy.

ANNUITY BENEFIT - If this policy is in effect on the maturity date, the cash value will be used to pay you a monthly income in the form of an annuity. The first payments will be due on the maturity date. Later payments will be at monthly intervals from that date. If you would like less frequent intervals, you must make a written request to us prior to the maturity date.

If you are living on the maturity date, we will pay you an annuity benefit, unless you have given us other instructions in writing prior to the maturity date.

The amount of each annuity payment will be determined as of the maturity date by: 1. Your age and sex; and 2. the cash value; and 3. the rate shown in the Table of Settlement Options for the annuity you select.

In the event you do not elect a specific annuity benefit, the automatic option will be life with 10 year certain.

Any Annuity Benefit, Paid-Up Annuity, Cash Surrender or Death Benefit will not be less than the minimum benefit allowable by law in the state in which this policy is issued.

TABLE A

PAYMENTS FOR A DESIGNATED PERIOD - If you elect this option we will pay you the cash value in equal monthly amounts for a fixed period. You may select any number of years from 1 to 30 for the period.

TABLE A
EQUAL MONTHLY PAYMENTS PER \$1,000 OF PROCEEDS
BASED UPON THE GUARANTEED INTEREST RATE

Number Of Years	Payments	Number Of Years	Payments	Number Of Years	Payments
5	17.49	13	7.26	22	4.67
6	14.72	14	6.81	23	4.51
7	12.74	15	6.42	24	4.36
8	11.25	16	6.07	25	4.22
9	10.10	17	5.77	26	4.10
10	9.18	18	5.50	27	3.98
11	8.42	19	5.26	28	3.87
12	7.80	20	5.04	29	3.77
		21	4.85	30	3.68

TABLE B

PAYMENTS FOR LIFE WITH PAYMENTS GUARANTEED FOR DESIGNATED PERIODS - We will pay you the cash value in equal monthly installments for the rest of your life. We will guarantee payments for a period of 10, 15 or 20 years, whichever you choose, even if you die before that period has lapsed.

The amount of the monthly payment will be the larger of: 1. the amount shown in Table B; or 2. 100% of the amount the cash value would provide if used to buy a single payment immediate annuity from us on the maturity date.

If the amount of each payment is less than \$50.00 we may change to a less frequent interval. We may require proof of age or of continued survival of any payee.

Any payments due after your death will be made to your beneficiary. If there is no living beneficiary, the value of the sum of such payments will be commuted on the basis of the interest used in computing each payment. This single sum will be paid to the estate of the last surviving payee.

TABLE B
MONTHLY LIFE INCOME PER \$1,000 FOR GUARANTEED PERIOD
AMOUNTS ARE BASED UPON: (1) THE GUARANTEED INTEREST RATE (2) MORTALITY-a2000
(3) PAYEE'S SEX AND (4) PAYEE'S AGE NEAREST BIRTHDAY

Male Lives Period Certain				
Age	None	10 Year	15 Year	20 Year
60	\$4.42	\$4.34	\$4.22	\$4.04
61	\$4.54	\$4.45	\$4.31	\$4.11
62	\$4.67	\$4.56	\$4.41	\$4.18
63	\$4.81	\$4.69	\$4.51	\$4.25
64	\$4.96	\$4.81	\$4.61	\$4.31
65	\$5.12	\$4.95	\$4.71	\$4.38
66	\$5.29	\$5.09	\$4.81	\$4.45
67	\$5.48	\$5.23	\$4.92	\$4.51
68	\$5.67	\$5.39	\$5.03	\$4.57
69	\$5.88	\$5.54	\$5.13	\$4.62
70	\$6.10	\$5.70	\$5.24	\$4.68
71	\$6.33	\$5.87	\$5.34	\$4.73
72	\$6.58	\$6.04	\$5.44	\$4.77
73	\$6.85	\$6.22	\$5.54	\$4.81
74	\$7.13	\$6.39	\$5.63	\$4.85
75	\$7.44	\$6.57	\$5.72	\$4.88
76	\$7.76	\$6.75	\$5.80	\$4.91
77	\$8.11	\$6.93	\$5.88	\$4.94
78	\$8.48	\$7.11	\$5.96	\$4.96
79	\$8.88	\$7.29	\$6.02	\$4.98
80	\$9.31	\$7.46	\$6.08	\$4.99
81	\$9.77	\$7.63	\$6.14	\$5.00
82	\$10.25	\$7.79	\$6.18	\$5.01
83	\$10.77	\$7.95	\$6.23	\$5.02
84	\$11.33	\$8.09	\$6.26	\$5.03
85	\$11.92	\$8.23	\$6.29	\$5.03

Female Lives Period Certain			
None	10 Year	15 Year	20 Year
\$4.04	\$4.00	\$3.93	\$3.83
\$4.14	\$4.09	\$4.02	\$3.90
\$4.25	\$4.20	\$4.11	\$3.98
\$4.37	\$4.31	\$4.21	\$4.05
\$4.50	\$4.42	\$4.31	\$4.13
\$4.63	\$4.54	\$4.41	\$4.20
\$4.77	\$4.67	\$4.52	\$4.28
\$4.93	\$4.80	\$4.63	\$4.35
\$5.09	\$4.95	\$4.74	\$4.42
\$5.27	\$5.10	\$4.85	\$4.49
\$5.46	\$5.26	\$4.97	\$4.56
\$5.66	\$5.42	\$5.09	\$4.62
\$5.88	\$5.59	\$5.20	\$4.68
\$6.12	\$5.78	\$5.32	\$4.74
\$6.38	\$5.96	\$5.43	\$4.79
\$6.66	\$6.16	\$5.54	\$4.83
\$6.96	\$6.36	\$5.65	\$4.87
\$7.29	\$6.56	\$5.75	\$4.90
\$7.64	\$6.76	\$5.84	\$4.93
\$8.03	\$6.97	\$5.92	\$4.95
\$8.44	\$7.17	\$6.00	\$4.97
\$8.89	\$7.37	\$6.07	\$4.99
\$9.38	\$7.57	\$6.13	\$5.00
\$9.91	\$7.75	\$6.18	\$5.01
\$10.48	\$7.93	\$6.23	\$5.02
\$11.09	\$8.09	\$6.27	\$5.03

MATURITY DATE - The maturity date is shown on page 1. You may ask us to change this date. To change this date, your written request must be received in our Home Office before the maturity date in effect at the time.

ANNUAL REPORT - The Union will each year, send you a statement showing: (1) the actual Cash Value of this contract at the start and end of the year; (2) premiums paid, if any; (3) interest credits; and (4) any withdrawals.

CASH VALUE - The cash value of this Policy is the sum of all payments plus interest earned, less any withdrawals. It does not include any payments for added benefits or membership dues. It is not less than required by law in your state. The Cash Surrender Value is equal to the Cash Value less Withdrawal Charge.

TABLE OF GUARANTEED VALUES - The Table of Values shows at the end of policy years what the value of this Policy would be if you 1) paid in \$100.00 per year or 2) \$1,000.00 in one lump sum. It assumes the guaranteed interest rate shown on page 1 of this policy. It assumes that you paid on the first day of each year or in one lump sum.

These values do not apply after the maturity date. If requested, we will compute values for other dates in the same manner as those in the table.

**TABLE OF GUARANTEED VALUES
(BASED ON THE GUARANTEED RATE)**

END OF POLICY YEAR	CASH VALUE PER \$1,000 IN LUMP SUM	WITHDRAWAL CHARGE	CASH SURRENDER VALUE PER \$1,000 IN LUMP SUM	CASH VALUE PER \$100 PER YEAR	WITHDRAWAL CHARGE	CASH SURRENDER VALUE PER \$100 PER YEAR
1	\$1,020.00	8%	\$938.40	\$102.00	8%	\$93.84
2	\$1,040.40	7%	\$967.57	\$206.04	7%	\$191.62
3	\$1,061.21	6%	\$997.54	\$312.16	6%	\$293.43
4	\$1,082.43	5%	\$1,028.31	\$420.40	5%	\$399.38
5	\$1,104.08	4%	\$1,059.92	\$530.81	4%	\$509.58
6	\$1,126.16	3%	\$1,092.38	\$643.43	3%	\$624.13
7	\$1,148.69	1%	\$1,137.20	\$758.30	1%	\$750.71
8	\$1,171.66	0%	\$1,171.66	\$875.46	0%	\$875.46
9	\$1,195.09	0%	\$1,195.09	\$994.97	0%	\$994.97
10	\$1,218.99	0%	\$1,218.99	\$1,116.87	0%	\$1,116.87
11	\$1,243.37	0%	\$1,243.37	\$1,241.21	0%	\$1,241.21
12	\$1,268.24	0%	\$1,268.24	\$1,368.03	0%	\$1,368.03
13	\$1,293.61	0%	\$1,293.61	\$1,497.39	0%	\$1,497.39
14	\$1,319.48	0%	\$1,319.48	\$1,629.34	0%	\$1,629.34
15	\$1,345.87	0%	\$1,345.87	\$1,763.93	0%	\$1,763.93
16	\$1,372.79	0%	\$1,372.79	\$1,901.21	0%	\$1,901.21
17	\$1,400.24	0%	\$1,400.24	\$2,041.23	0%	\$2,041.23
18	\$1,428.25	0%	\$1,428.25	\$2,184.06	0%	\$2,184.06
19	\$1,456.81	0%	\$1,456.81	\$2,329.74	0%	\$2,329.74
20	\$1,485.95	0%	\$1,485.95	\$2,478.33	0%	\$2,478.33



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BENEFICIARY:

[Jane Doe]	AGE: [35]	RELATIONSHIP: [Wife]
_____	AGE: _____	RELATIONSHIP: _____
_____	AGE: _____	RELATIONSHIP: _____
_____	AGE: _____	RELATIONSHIP: _____
_____	AGE: _____	RELATIONSHIP: _____
_____	AGE: _____	RELATIONSHIP: _____
_____	AGE: _____	RELATIONSHIP: _____
_____	AGE: _____	RELATIONSHIP: _____

FLEXIBLE PREMIUM ANNUITY POLICY

Monthly Life Income at Maturity Date

Death Benefit Prior to Maturity Date

PARTICIPATING

SERFF Tracking Number: SAAI-126955429 State: Arkansas
Filing Company: Polish Roman Catholic Union of America State Tracking Number: 47629
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TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium
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Product Name: Flexible Premium Deferred Annuity
Project Name/Number: PRCU2010-AR/PRCU2010-AR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Readability Certification for Form ANN-1-2010 Attachment: Prcu Readability Certification ANN-1-2010.pdf		
Satisfied - Item: Application Comments: We are using previously approved application: AA1-2000-ARK, approved in Arkansas on July 17, 2000.		
Satisfied - Item: Authorization to File Comments: Authorization to File for Form ANN-1-2010 Attachment: Prcu Authorization to File ANN-1-2010.pdf		
Satisfied - Item: NAIC Uniform Transmittal Document Comments: NAIC Uniform Transmittal Document for Arkansas for Form ANN-1-2010 Attachment: NAIC Uniform Transmittal Document PRCU2010-AR.pdf		

<i>SERFF Tracking Number:</i>	<i>SAAI-126955429</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Polish Roman Catholic Union of America</i>	<i>State Tracking Number:</i>	<i>47629</i>
<i>Company Tracking Number:</i>	<i>PRCU2010-AR</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Flexible Premium Deferred Annuity</i>		
<i>Project Name/Number:</i>	<i>PRCU2010-AR/PRCU2010-AR</i>		

Item Status:

Status

Date:

Satisfied - Item: Memorandum of Variable Material

Comments:

Memorandum of Variable Material for Form ANN-1-2010

Attachment:

Prcu Memorandum of Variable Material ANN-1-2010.pdf

Steimla & Associates, Inc.

Actuaries and Consultants
2867 Gypsum Circle
Naperville, Illinois 60564

Voice (630) 904-8480
Fax (630) 904-8485
E-mail: steimla@comcast.net

Joseph H. Steimla, FSA, FCIA, MAAA, FCA
Joseph G. Steimla, FLMI
Jennifer S. May, ACS

READABILITY CERTIFICATION

To the best of our knowledge and belief, the following forms submitted meet and/or exceed any and all readability requirements for insurance forms, in the State or jurisdiction in which they are being filed. Readability has been calculated using the Flesch Test. The Flesch Scores, together with the relevant components are listed below:

Form Description	Form Number	Number of Sentences	Number of Words	Flesch Score
Individual Flexible Premium Deferred Annuity	Form No. ANN-1-2010	109	2,794	56.6%

I further certify that the referenced forms use not less than 10 point type nor less than 11 point leading.



Joseph H. Steimla, FSA, MAAA, FCIA, FCA
Consulting Actuary

December 2, 2010



A Legal Reserve Fraternal Benefit Society

Polish Roman Catholic Union of America

984 N Milwaukee Avenue, Chicago, Illinois 60642-4101 ♦ www.PRCUA.org
(773) 782-2600 ♦ Fax (773) 278-4595 ♦ 1-800-772-8632

AUTHORIZATION TO FILE

To Whom It May Concern:

Joseph H. Steimla, FSA, FCIA, MAAA, FCA
Steimla & Associates, Inc.
2867 Gypsum Circle
Naperville, IL 60564
Phone: (630) 904-8480

is hereby authorized to submit policy forms, riders, endorsements, amendments or other forms for statutory approval on behalf of **POLISH ROMAN CATHOLIC UNION OF AMERICA**. Mr. Steimla is authorized to represent the Union, by telephone or in writing, as required, in all matters relative to securing such approvals. A photocopy of this authorization shall be valid.

Joseph A. Drobot, Jr.
President

POLISH ROMAN CATHOLIC UNION OF AMERICA

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of						
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number						
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Group</div> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance						
10.	Product Coding Matrix Filing Code						
11.	Submitted Documents	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 33%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 33%;"> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <p><u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </p> <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </p> <p><u>SUPPORTING DOCUMENTATION</u></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date		
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date: _____</p>	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

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Jennifer S. May, ACS

MEMORANDUM OF VARIABLE MATERIAL

Memorandum of Variable Material for form:

Form No.: **ANN-1-2010** Individual Annuity Policy-
Flexible Premium Deferred Annuity

Variable Material is bracketed on the form.

Form No.: **ANN-1-2010**, all "John Doe" data is variable. The signature of the officers on page 1 is variable. The Withdrawal Charge Schedule of page 1 is variable. The Settlement Options Table A and Table B on pages 4 and 5 are variable. The Table of Guaranteed Values on page 5A is variable.



Joseph H. Steimla, FSA, MAAA, FCIA, FCA
Consulting Actuary

December 2, 2010